### AT-LARGE APPLICATION

for Funding Package
 for Program Year 2007
(January 1, 2007 - December 31, 2007)

### READ THIS:

APPLICATIONS ARE DUE AT THE COMMUNITY DEVELOPMENT PROGRAM OFFICE BY 5:00 P.M. ON Thursday, August 10, 2006

COMMUNITY DEVELOPMENT PROGRAM OFFICE City Campus, Room 102 2711 West Wells Street Milwaukee, WI 53208

LATE APPLICATIONS CANNOT BE ACCEPTED

INCOMPLETE OR INADEQUATE APPLICATIONS
ARE SUBJECT TO REJECTION

PLEASE SEE INTRODUCTION
PROGRAM HIGHLIGHTS

REVIEW ALL INSTRUCTIONS
BEFORE BEGINNING PROPOSAL

NO APPLICATIONS WILL BE ACCEPTED VIA ELECTRONIC TRANSMISSION MEDIA

Program staff can be contacted at

414-278-5106 Leonard Jackson (ljackson@milwcnty.com)

### APPLICATION INTRODUCTION

### Program Highlights

Milwaukee County Community Development Block Grant applications for Program Year 2007 (January 1, 2007 - December 31, 2007) continue changes made several years ago.

The following rules apply:

- 1. For all non-County agencies, the maximum amount of funding requested cannot exceed \$40,000. (The minimum grant amount is now \$25,000 for all proposals).
- 2. There will be a three-year limit on funding of public service projects. Because of limited funding in the Public Service category a maximum of five projects will be funded.
- 3. No for-profit organizations will be directly funded.
- 4. No improvements or rehabilitation will be funded for leased facilities unless the facility is <u>owned</u> by a non-profit group.
- 5. No non-County governmental organizations will be funded.
- 6. There will be no funding for the arts, except rehabilitation of a facility related to the arts, subject to Item 4 above.
- 7. There will be no direct funding of child day care centers. Facilities that are multi-purpose centers but include child day care can apply for funding for facilities that are not used for day care.
- 8. Facilities used as alternative public schools will not be funded.
- 9. Funds cannot be used for community organizing.
- 10. Non-profit agencies that have not been in existence and providing services for at least two years will not be funded.

Applications that are submitted after the deadline, or that request funding for projects that are not eligible or do not comply with County policies stated above, will not be considered for funding. Applications for funding are sought in August. After the due date, they are reviewed by staff for completeness and eligibility. The County Board of Supervisors' Committee on Economic and Community Development holds a hearing, in September, when sponsors make a presentation of their applications. (Note that no handouts may be distributed by sponsors at any meeting of the Committee.) The Committee makes its funding recommendations at its September meeting whereupon they go to the Board of Supervisors and the County Executive for final action. The selected applications are submitted to the U.S. Department of Housing and Urban Development in November. The program year, or the date, at which money is actually available, begins on January 1. However, sponsors of projects are specifically cautioned that an approval of funding by County officials is not a notice to proceed. An Agreement will be prepared and sent to each sponsor actually awarded funds. Costs incurred or funds obligated in any way by the sponsor prior to execution of an Agreement with Milwaukee County may not be reimbursed by the County.

Sponsors that receive funds must enter into an Agreement with the County for use of these funds. The Agreement <u>requires</u> awarded sponsors of construction projects to achieve minority business participation equivalent to 20 percent, and women's business participation equivalent to 5 percent, of the CDBG project cost.

Construction work is subject to Davis/Bacon Act requirements that establish wage levels for workers.

All projects are subject to environmental review and are covered by fair housing and equal employment opportunity law.

If your project entails use of Community Development funds for a facility which provides any services to the public, or if your project will use Community Development funds to pay for services to the public, it must be demonstrated in Item #19 how the facility and/or programs will be accessible to handicapped individuals.

The Agreement covers a designated term. Funded applications that are not completed within this term are subject to renegotiation or cancellation.

### The Application

The Application consists of the name, address and contact information of the applicant followed by twenty-one individual items, seven forms, and an Addendum relating to Community Based Development Organizations (CBDO).

Review all documents before beginning the Application. If any parts are missing from your copy of the Application, contact County staff immediately.

Sponsors must submit three copies of an application for each project. Capital improvements or purchases for an activity, and on-going operation of the same activity, are separate functions that require separate applications. Sponsors may photocopy pages common to different projects, but each submitted application must be unique to one project.

Applications must fully describe the information requested in the space provided. <u>Do not</u> add extra pages or submit supporting material - it will be discarded. **Applications must** be typed. Round off requested amounts to the nearest whole dollar. Sponsors must submit the items named in Form 7 with this application, but only <u>one</u> copy of each item is needed. Note that Form 6: Certifications must be completed by the chief elected officer of the Sponsor's board of directors, and must be notarized. An incomplete response to any portion of the Application is possible cause for rejection. Technical assistance for application completion is available from the County staff.

| EVALUATION | # |  |
|------------|---|--|
| IDENTIFIER | # |  |

| APPLICATION SPONSOR   |                  |           |  |  |  |  |
|---|------------------|-----------|--|--|--|--|
| APPLICATION TITLE   |                  |           |  |  |  |  |
| APPLICANT MAILING ADDRESS   |                  |           |  |  |  |  |
| CITY/VILLAGE  | CITY/VILLAGE ZIP |           |  |  |  |  |
| PROPOSAL CONTACT PERSON   | PHONE            |           |  |  |  |  |
| FAX NUMBER_   |                  |           |  |  |  |  |
| E-MAIL ADDRESS  |                  |           |  |  |  |  |
| SUMMARY BUDGET (Fill out after completing Form 2, Page 11).       |                  |           |  |  |  |  |
| 1) TOTAL SALARY & FRINGE BENEFIT COSTS (Form 2,Line 3)            | \$               |           |  |  |  |  |
| 2) TOTAL STAFF SUPPORT COSTS (Form 2, Line 16)                    | \$               |           |  |  |  |  |
| 3) TOTAL CONSULTANT COSTS (Form 2, Line 21)                       |                  |           |  |  |  |  |
| 4) TOTAL CAPITAL COSTS (Form 2, Line 25)                          | \$               |           |  |  |  |  |
| 5) TOTAL MILWAUKEE COUNTY CDBG FUNDING REQUEST (Must Equal Sum of | 1-4) \$          |           |  |  |  |  |
| 6) PROJECT DURATION (Select one)                                  |                  |           |  |  |  |  |
| THIS WILL BE A ONE-TIME REQUEST FOR FUNDING                       |                  |           |  |  |  |  |
| CONTINUING PROJECT, FUTURE COUNTY CDBG FUNDING WILL BE S          | SOUGHT           |           |  |  |  |  |
|   |                  |           |  |  |  |  |
|   |                  |           |  |  |  |  |
|   |                  |           |  |  |  |  |
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|   |                  |           |  |  |  |  |
| FOR OFFICE USE ONLY   |                  |           |  |  |  |  |
|   |                  |           |  |  |  |  |
| RECEPTION RECORD  |                  | _ INITIAL |  |  |  |  |
|   |                  | _ REVISED |  |  |  |  |

## INSTRUCTIONS FOR PROJECT ELIGIBILITY AND NATIONAL OBJECTIVE

The following Project Eligibility List contains 20 basic activities that are eligible for Community Development Block Grant (CDBG) funding along with brief explanations of each. Following this list are explanations of six National Objectives that all eligible activities must also meet. In Item 7 of this Application for Funding you are required to indicate by number and title (Ex: 03E, Public Facilities and Improvements, Neighborhood Facilities) the eligible activity your proposed project falls under and also to indicate the three-letter National Objective code which applies (Ex: LMC). If your proposed activity does not meet both an eligible activity and a National Objective it is not eligible for CDBG funding. If your proposed activity is best described under the eligibility designation 20, Planning, please be advised that there will be no funding available in this category in Program Year 2006.

### 01 Acquisition of Real Property

Acquisition in whole or in part by the recipient, or other public or private nonprofit entity, by purchase, long-term lease, donation, or otherwise, of real property (including air rights, water rights, rights-of-way, easements, and other interests therein) for any public purpose. This eligible activity applies when CDBG funds will be used only for the acquisition of a property. If, for example, a property was going to be acquired with CDBG funds and CDBG funds were also going to be used to construct or rehabilitate a senior center on that site then the proper eligibility designation would be 03A. (See Note 1 at end of this Project Eligibility List).

### 02 Disposition

Disposition, through sale, lease, donation, or otherwise, of any real property acquired with CDBG funds, or its retention for public purposes, including reasonable costs of temporarily managing such property or property acquired under urban renewal.

### 03 Public Facilities and Improvements

Acquisition, construction, reconstruction, rehabilitation or installation of public facilities and improvements carried out by the recipient or other public or private non-profit entities, including the following:

- A. Senior Centers.
- B. Handicapped Centers.
- C. Homeless Facilities. (This can include shelters for battered spouses and transitional housing and single room occupancy units for the homeless).
- D. Youth Centers
- E. Neighborhood Facilities. (This includes structures that will be used for social services or for multiple purposes, including recreation, and are principally serving a neighborhood).
- F. Parks and Recreational Facilities.
- G. Parking Facilities.
- H. Solid Waste Disposal Improvements.
- I. Flood and Drainage Improvements. (This <u>does not</u> include storm sewers, street drains, or storm drains).
- J. Water/Sewer Improvements.
- K. Street Improvements.
- L. Sidewalk.
- M. Child Care Centers.
- N. Tree Planting. (Tree planting as part of a streetscape activity or as part of sidewalk improvement activity should be considered eligible as 03K or 03L, respectively).
- O. Fire Station/Equipment.
- P. Health Facilities.
- Q. Facilities for Abused and Neglected Children.
- R. Asbestos Removal.
- S. Facilities for AIDS Patients.
- X. Other.

### 04 Clearance and Demolition

Clearance, demolition, and removal of buildings and improvements, including movement of structures to other sites.

- A. Clean-up of Contaminated Sites.
- X. Other.

### 05 Public Services

Provision of public services (including labor, supplies, and materials) which are directed toward improving the delivery of the community's public services. In general, purchase of equipment is considered a public service. To be eligible, a public service must be either a new service or quantifiable increase in the level of an existing service.

Rental of a facility for a service is considered part of delivery of the service and is considered a public service for eligibility. Public services activities also include the cost of operating and maintaining that portion of a facility in which a service is located.

- A. Senior Services. (Also, use this eligibility designation for services provided for victims of Alzheimer's disease).
- B. Handicapped Services.
- C. Legal Services.
- D. Youth Services.
- E. Transportation Services.
- F. Substance Abuse Services
- G. Battered and Abused Spouses.
- H. Employment Training. (Also, use this eligibility designation for services that increase self-sufficiency including literacy, independent living skills, job training and employment services).
- I. Crime Awareness/Prevention.
- J. Fair Housing Activities.
- K. Tenant/Landlord Counseling.
- L. Child Care Services.
- M. Health Services.
- N. Abused and Neglected Children.
- O. Mental Health Services.
- P. Screening for Lead Based Paint/Lead Hazards Poisoning.
- X. Other.

### 06 Interim Assistance

The following activities may be undertaken on an interim basis in areas exhibiting objectively determinable signs of physical deterioration, where immediate action is needed to arrest the deterioration, and where the applicant will make permanent improvements as soon as practicable:

- (1) Repair of streets, sidewalks, parks, playgrounds, publicly-owned utilities and public buildings; and
- (2) Special garbage, trash and debris removal, but not regular curbside collection.

### 07 Urban Renewal Completion

Payment of the cost of completing an urban renewal project.

### 08 Relocation

Relocation payments and other assistance for permanently and temporarily relocated individuals, families, businesses, nonprofit organizations, and farm operations.

### 09 Loss of Rental Income

Payments to housing owners for losses of rental income incurred in holding, for temporary periods, housing units to be used for the relocation of individuals and families displaced by other CDBG program activities.

### 10 Removal of Architectural Barriers

Special projects directed to the removal of material and architectural barriers which restrict the mobility and accessibility of elderly or handicapped persons to publicly-owned and privately-owned buildings, facilities and improvements.

### 11 Privately-owned Utilities

CDBG funds may be used to acquire, construct, rehabilitate or install the distribution lines and facilities of privately-owned utilities, including the placing underground of new or existing distribution facilities and lines.

### 12 Construction of Housing

CDBG funds may be used for the construction of housing assisted under Section 17 of the U.S. Housing Act of 1937.

### 13 Direct Homeownership Assistance

Provision of direct assistance to facilitate and expand home ownership among persons of low and moderate income.

### 14 Rehabilitation

Improvements to residential, commercial or industrial buildings through grants, loans, loan guarantees, interest supplements or other means. The following types of rehabilitation are included:

- A. Single-Unit Residential.
- B. Multi-Unit Residential.
- C. Public Housing Modernization.
- D. Other Publicly-Owned Residential Buildings.
- E. Publicly or Privately-Owned Commercial/Industrial. (Use this eligibility designation only if the rehabilitation will be limited to improvements to the exterior of a commercial building generally referred to as "facade improvements", or to the correction of code violations).
- F. Energy Efficiency Improvements.
- G. Acquisition for the Purpose of Rehabilitation.
- H. Rehabilitation Administration.
- I. Lead-based Paint Hazards, Testing and Abatement.

### 15 Code Enforcement

Code enforcement in deteriorating or deteriorated areas where such enforcement together with public improvements, rehabilitation, and services to be provided, may be expected to arrest the decline of the area.

### 16 Historic Preservation

CDBG funds may be used for the rehabilitation, preservation or restoration of historic properties, whether publicly or privately-owned. Historic properties are those sites or structures that are either listed in or eligible to be listed in the National Register of Historic Places, listed in a State or local inventory of historic places, or designated as a State or local landmark or historic district by appropriate law or ordinance. Historic preservation, however, is not authorized for buildings for the general conduct of government.

- A. Residential Historic Preservation.
- B. Non-Residential Historic Preservation.

### 17 Commercial/Industrial Improvements

The following types of improvements can be undertaken by the grantee directly or by non-profit organizations.

- A. Land Acquisition/Disposition.
- B. Infrastructure Development.
- C. Building Acquisition, Construction or Rehabilitation.
- D. Other Commercial/Industrial Improvements. (Use this eligibility designation for other commercial and industrial improvements undertaken by the grantee or a non-profit for a special economic development activity that is not covered by 17A, 17B, or 17C).

### 18 Direct Economic Development Assistance to Private For-Profit Entities

Provision of assistance to private, for-profit entities, when the assistance is appropriate to carry out an economic development project.

- A. Direct Financial Assistance to For-Profits.
- B. Technical Assistance.
- C. Micro-Enterprise Assistance. (Use this eligibility designation for activities that involve providing financial assistance, technical assistance, or general support services/programs to owners of and persons developing micro-enterprises. A micro-enterprise is a business with 5 or fewer employees, including the owner(s)).

### 19 Special Activities by Community-Based Development Organizations (Before using this Eligible Activity call County staff).

CDBG funds in the form of grants or loans to any qualified CBDO may be used for the following:

- A. Neighborhood Revitalization.
- B. Community Economic Development.
- C. Energy Conservation Projects.
- D. Otherwise Ineligible Activities.

### 20 Planning

Planning activities including costs of data gathering, studies, analysis, and preparation of plans, and the identification of actions needed to implement such plans. (No funds will be available in this category for Program Year 2004).

NOTE 1: Eligible Activity 01, Acquisition of Real Property: For acquisition activities, the national objective is to be based on the use of the property after acquisition. The determination of which national objective the activity will meet is to be based on the planned use of the property.

### FORM 1 - NATIONAL OBJECTIVES

In order to be eligible for Community Development Block Grant (CDBG) funding, any of the eligible activities listed <u>must</u> also meet a basic National Objective, as designated by the following 3-letter codes:

LMA: An activity whose benefits are available to all the residents in a specifically defined geographic area (service area) in which at least 51 percent of the residents are low and moderate income persons.

<u>Required Information:</u> The following information is required to prove that the project qualifies as a low and moderate income area benefit activity:

- (1) Boundaries of the service area.
- (2) Location(s) of the activity.
- (3) Income characteristics of families and unrelated individuals in the service area documented by 2000 census information.

LMC: An activity which benefits a limited, identifiable clientele, at least 51 percent of whom can be shown to be low or moderate-income persons. In order to meet this national objective your organization must limit activity exclusively to low and moderate income persons, require information on family size and income so that it is evident that at least 51 percent of the clientele are persons whose family income does not exceed the low and moderate income limit, or serve a clientele who are generally presumed to be low and moderate income, which includes the following only: abused children, battered spouses, elderly persons (62 or over), severely disabled adults\*, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers.

\*Persons are classified as having a <u>severe disability</u> if they: (a) used a wheel-chair or had used another special aid for six months or longer; (b) are unable to perform one or more "functional activities" or need assistance with an activity of daily living; (c) are prevented from working at a job or doing housework; or (d) have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or mental retardation. Also, persons who are under 65 years of age and who are covered by Medicare or who receive SSI are considered to have a severe disability.

<u>Required Information:</u> For each activity, <u>one</u> of the following types of documentation must be kept to prove that the activity qualified under low and moderate income limited clientele:

- (1) Documentation showing that the activity is used only by a segment of the population presumed by HUD to be low and moderate income persons; e.g. abused children; or,
- (2) Data showing size and annual income of the immediate family of each person receiving the benefit.

LMH: An activity carried out for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by low and moderate income households.

Required Information: In order to prove that the activity qualified as a low and moderate income housing activity, documentation must include:

- (1) For each unit occupied by a low and moderate-income household, the size and income of the household.
- (2) For rental housing:
  - (i) Rent charged (or to be charged) after assistance for each structure assisted; and
  - (ii) Information as necessary to show the affordability of units occupied by low and moderate-income households.
- (3) For each property acquired on which there are no structures, evidence of commitments ensuring that the above criteria will be met when the structures are built.

**LMJ:** An activity designed to create or retain permanent jobs where at least 51 percent of the jobs, computed on a full-time equivalent basis, involve the employment of low and moderate income persons.

<u>Required Information:</u> Information necessary to justify the job creation or retention National Objective is extensive and varies with the nature of the specific use of funds. In the simplest terms, for an activity that creates jobs, an applicant must document that at least 51% of created jobs will be held by, or available to, low and moderate income persons.

For an activity that retains jobs, an applicant must document that the jobs would actually be lost without the requested CDBG funding and that 1) the job is currently held by a low and moderate income person, or 2) the job can reasonably be expected to turn over within 2 years and that steps will be taken to ensure that it will be filled by, or made available to, a low and moderate income person upon turnover.

### NOTE:

In order to assist you in determining the applicability of the National Objective codes LMA, LMC, LMH and LMJ, a table of the current definition of low and moderate income is provided below. Please notice that the income level is determined by family size. Any family where income can be shown to be at or below the level for the appropriate family size is considered to be a low and moderate-income family. Any individual in a low and moderate-income family is considered to be a low and moderate-income person.

| TABLE 1                     |          |          |          |          |          |          |          |          |
|-----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Family Size (Persons)       | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
| Low &<br>Moderate<br>Income | \$37,650 | \$43,000 | \$48,400 | \$53,750 | \$58,050 | \$62,350 | \$66,650 | \$70,950 |

**SBA:** An activity, which addresses prevention or elimination of slums or blight in an area if the following three conditions, can be met:

- (1) The area is delineated as meeting the definitions of a slum, blighted, deteriorated or deteriorating area under state or local law;
- (2) Throughout the area there is a substantial number of deteriorated or deteriorating buildings or the public improvements are in a general state of deterioration; and
- (3) Your proposed activity addresses one or more of the conditions, which contributed to, the deterioration of the area.

<u>Required Information:</u> In order to prove that activities qualify as elimination of slum and blight on an area basis, documentation must include:

- (1) Boundaries of the area.
- (2) Municipal resolution designating the area as blighted under state law or a municipal attorney's opinion that the area qualifies as blighted under state law.
- (3) A description of the conditions which qualified the area at the time of its designation in terms of the following:
  - (a) Buildings survey, including code violations for structures deemed substandard.

- (b) Details and scope of CDBG-assisted rehabilitation, by structure.
- (c) Public Improvements engineering survey/analysis documenting the condition of all public improvements to the extent necessary to qualify the area under this definition.
- **SBS:** An activity which addresses the elimination of blight or physical decay on a spot basis, through acquisition, clearance, relocation, historic preservation and/or building rehabilitation.

Required Information: In order to prove that an activity qualifies as elimination of slum or blight on a spot basis, the records must include:

- (1) A description of the specific condition of blight or physical decay to be treated; and
- (2) For rehabilitation carried out under this category, a description, by structure, of:
  - (i) The specific conditions detrimental to public health and safety which will be corrected; and
  - (ii) Details and scope of CDBG-assisted rehabilitation.

### FORM 1 - CONSOLIDATED PLAN OBJECTIVES

The Milwaukee County Community Development Block Grant (CDBG) program includes a 5-year Consolidated Plan which includes priority objectives for funding for that 5-year period. These priority objectives are presented below, and must be referenced in response to Item 7b of this application.

- Objective 1.) Provision of social services to selected components of the population and assurance of access to these services.
  - A. Provide health and recreational services to a growing elderly and disadvantaged population.
  - B. Assure physical access to services for elderly, disabled, and other special needs populations.
  - C. Provide child care and recreational and educational opportunities for youth, in response to growing numbers of single parent households, households with two wage earners, and those responsible for foster children.
  - D. Assist crime awareness and drug abuse programs in response to burgeoning urban development in transforming communities.
  - E. Provide support services for lower income households seeking self-sufficiency.
- Objective 2.) Improve and develop infrastructure.
  - A. Replace deteriorating streets, alleys, sidewalks, bridges and sewers in lower income areas or in blighted areas.
  - B. Remove blighting influences through demolition or renovation.
  - C. Provide new infrastructure to meet demands of a growing or transforming population.
  - D. Work with the private sector to meet unmet infrastructure needs required by lower income citizens.

- Objective 3.) Economic Development and Employment.
  - A. Provide assistance to private businesses with the assurance that jobs will be created as a result.
  - B. Work with private, non-profit organizations to provide lower income persons with employment training.
  - C. Provide gap filling employment services necessary for households receiving public assistance to become self-sufficient.
- Objective 4.) Rental Housing (All housing related objectives may not be eligible for CDBG assistance. Be sure what you propose is listed as an eligible activity).
  - A. Provide assistance to new construction residential rental projects designed for elderly/disabled households.
  - B. Provision of rental assistance to elderly/disabled households and to families.
  - C. Rehabilitation of housing units for families.

### Objective 5.) Homeownership.

- A. Provide rehabilitation assistance to homeowners to meet local codes and deferred maintenance needs.
- B. Provide assistance to first-time homebuyers.

### 7) PROJECT ELIGIBILITY, NATIONAL OBJECTIVE, AND CONSOLIDATED PLAN OBJECTIVE

Indicate in the spaces provided the number and title of the appropriate eligible activity from the Project Eligibility List <u>and</u> the National Objective code that apply to your proposed activity.

| Project Eligibility Number          |  |
|-------------------------------------|--|
| Project Eligibility Title           |  |
| National Objective Code (3 letters) |  |

### 7a) NATIONAL OBJECTIVE JUSTIFICATION

In the space below provide a full explanation of how the proposed activity meets the selected National Objective code. Present your case in terms of the National Objective explanation and Required Information on pages 2e through 2h. (Applications which do not provide this explanation will be returned to the Sponsor for completion).

### 7b) CONSOLIDATED PLAN OBJECTIVE

In the space below provide a full explanation of how the proposed activity meets a specific objective of the County's Consolidated Plan. Identify the objective(s) and present information necessary to make your case. Use the Consolidated Plan Objectives on pages 2h and 2i to complete this item.

### 8) APPLICANT MISSION STATEMENT

In the space provided below describe your agency's goals and objectives, as stated in Articles of Incorporation or in practice. Include a description of your agency's overall programs, its primary target population(s), and the desired outcomes for your clients.

### 9) APPLICANT HISTORY

Provide a brief history of your agency in the space provided below, including major accomplishments and experience in meeting the goals and objectives stated in Item 8 above. Specifically include the number of years your agency has been in operation.

### 10) PROPOSAL DESCRIPTION

In the space below describe the specific activity for which Milwaukee County CDBG funds are being sought. This should be described in some detail and in the context of an eligible CDBG activity as listed on the Project Eligibility List. If the activity is a service, describe the service, the intended beneficiaries, the intended result, and the process for implementation. If the activity is a physical improvement, describe what it is that will be improved (including a property address, as appropriate), how the improvement will be made, who will benefit from the improvement, and what will be the desired result. Do not include information here that should be in Items 8 and 9.

### APPLICATION FOR FUNDING FOR PROGRAM YEAR 2007

### 11) PROPOSAL ACTIVITY OBJECTIVES

On the lines below list, specifically and concisely, the objectives of the proposed activity, providing a cost to accomplish each objective.

Total costs for all objectives must equal the total application funding request in Item 5 on Page 1.

Quantify activity objectives to the greatest extent possible. (Examples: "Install 1200 lineal feet of 18 inch sewer pipe"; "construct 26 individual curb ramps"; "rehabilitate a 50,000 square foot structure"; "install new windows and hot air furnace in an existing structure"; "create 4 new jobs by constructing a 4,000 square foot addition to an existing facility"; "conduct a study of weekend facility use by the elderly".) If more than one objective is listed, the objectives should be in priority order.

|               | \$       |
|---------------|----------|
|               | \$       |
|               | <u> </u> |
|               | \$       |
|               | \$       |
|               | \$       |
|               | \$       |
|               | _        |
|               | ۹        |
| TOTAL REQUEST | \$       |

### 12) NEEDS STATEMENT

Describe in the space below the need(s) which your proposed project is designed to address. Be sure to cite and summarize both agency experience and outside data sources to support your case. The information presented should be sufficient to justify your proposed project.

### 13) PROJECT LOCATION

In the space below identify the specific location of the proposed project. If the activity is site specific, provide the street address of the activity or some other readily recognizable description. If the activity is a service provide the address of the site or sites from which the service will be provided.

### 14) PROJECT SERVICE AREA

In the space below specifically describe the service area of the project. You may use street boundaries, census tract information, or other recognizable boundaries of the service area. A service area may differ substantially from the project's specific location as reported in Item 13 above. A service area is where project beneficiaries come from or where residents using a facility live. If a proposed project will provide a service that is available to residents throughout Milwaukee County simply state that the project is County-wide.

### APPLICATION FOR FUNDING FOR PROGRAM YEAR 2007

### 15) PROPOSAL BENEFICIARIES

| ΙÍ,         | on Page 2              | 2, you | selected  | l Nation | al Objeo | ctive (       | Code L | MA, I | LMC, I | LMH, or | LMJ  | to jus | stify |
|-------------|------------------------|--------|-----------|----------|----------|---------------|--------|-------|--------|---------|------|--------|-------|
| your        | project                | you m  | ust fill  | out the  | informa  | ation :       | reques | ted k | below. | Only    | appl | icants | s who |
|             | proposing<br>Section I | _      | xclusivel | y serve  | a presi  | umed b        | enefit | clie  | entele | group   | must | also   | fill  |
| <b>A.</b> P | rojected               | total  | benefici  | aries:   | (persons | s <u>or</u> h | ouseho | lds)  |        |         |      |        |       |

B. Projected percentage of total beneficiaries that meet low and moderate income

Persons (or)

limits (See Table 1 on page 2g): (persons or households)

|       | <pre>% Persons % Households</pre>                   | (0                | r)                |        |
|-------|---|-------------------|-------------------|--------|
| C. Pr | cojected beneficiary descripti                      | on (enter numbers | proposed to be se | rved): |
|       |   | Male              | Female            | Total  |
|       | White, not Hispanic                                 |                   |                   |        |
|       | Black, not Hispanic                                 |                   |                   |        |
|       | American Indian/<br>Alaska Native                   |                   |                   |        |
|       | Hispanic  |                   |                   |        |
|       | Asian/Pacific Islander                              |                   |                   |        |
| D.    | groups (enter numbers propose                       | Male              | Female            | Total  |
| _,    | Abused Children                                     |                   |                   |        |
|       | Battered Spouses                                    |                   |                   |        |
|       |   |                   |                   |        |
|       | Elderly   |                   |                   |        |
|       | Elderly Severely Disabled Adults                    |                   |                   |        |
|       |   |                   |                   |        |
|       | Severely Disabled Adults                            |                   |                   |        |
|       | Severely Disabled Adults Homeless                   |                   |                   |        |
|       | Severely Disabled Adults Homeless Illiterate Adults |                   |                   |        |

NOTE: Funded projects shall submit actual beneficiary data.

### APPLICATION FOR FUNDING FOR PROGRAM YEAR 2007

### 16) MBE/WBE PARTICIPATION

The County has adopted a policy requiring every CDBG-funded <u>construction project</u> to expend 20% of the grant award for minority-owned businesses and 5% on women-owned businesses. This can be achieved through sub-contractors, or the purchase of services or supplies. If your proposed project involves construction, explain how you will meet this requirement.

### 17) REAL PROPERTY ACQUISITION

If the proposed project includes acquisition of real property (even if less than fee simple), state the location and method of acquisition for the property. (Acquisition may require benefits be paid to the present owners. These benefits may be eligible project costs. Contact County staff if you have questions). If there is no acquisition anticipated check "None".

NONE

### 18) DISPLACEMENT

A proposed project may require that present occupants of real property vacate. If this displacement will result from your proposed project describe the circumstances. (Displaces must be identified by race and by the census tract they will be displaced from. Displaces may be entitled to benefits, which could be eligible project costs. Contact County staff if you have questions). If no displacement will occur check "None".

NONE

### APPLICATION FOR FUNDING FOR PROGRAM YEAR 2007

### 19) HANDICAPPED ACCESSIBILITY

address and attach a copy of the lease.

The Federal government requires that no qualified individual with handicaps shall, because a facility is inaccessible to or unusable by individuals with handicaps, be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance. In the space provided below, describe how your facility and/or program either currently complies with this requirement or will be made to comply.

| 20) | DATE BUILDING ORIGINALLY CONSTRUCTED  |  |  |  |  |  |
|-----|---|--|--|--|--|--|
|     | If your proposed project requests funds for facility renovation and/or rehabilitation, the original construction date must be provided on the line above.   |  |  |  |  |  |
| 21) | BUILDING OWNERSHIP  |  |  |  |  |  |
|     | If your proposed project requests funds for facility renovation and/or rehabilitation, indicate below the address of the property and indicate with a check mark whether your agency owns or leases the property. |  |  |  |  |  |
|     | Address:  |  |  |  |  |  |
|     | Agency Owns Property:  Agency Leases Property:  |  |  |  |  |  |
|     | If your agency leases the property please identify the building owner by name and   |  |  |  |  |  |

## MLWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION FORM 2: PROPOSED USE OF FUNDS

| SCH     |                                  | FF POSITIONS AND PAYRO               | LL COSTS_                    |               |              |  |
|---------|----------------------------------|--------------------------------------|------------------------------|---------------|--------------|--|
| 1<br>No | of Positions                     | 3                                    | 4<br>Avg. Annual             | <u>5</u><br>% | 6<br>Cost to |  |
| New     |                                  | Position Title                       | Salary                       |               |              |  |
|         |                                  |                                      |                              |               |              |  |
|         |                                  |                                      |                              |               |              |  |
|         |                                  |                                      |                              |               |              |  |
|         |                                  |                                      |                              |               |              |  |
|         |                                  |                                      |                              |               |              |  |
|         | 1 6'.                            |                                      | E0E31 .                      |               |              |  |
|         | nge benefits c<br>Lal Security t | an include<br>ax (employer's         | TOTAL:<br>1. Salaries        |               | Ś            |  |
| shar    | re), pension,                    | employer's share                     | 2. Fringe benef              | it costs      | \$           |  |
| oi e    | employee's ann<br>smen's compens | uity payments,<br>ation, and health, | 3. TOTAL SALARY<br>FRINGE BE |               | Ś            |  |
|         |                                  | yment insurance                      | 1111102 32                   |               | τ            |  |
|         |                                  |                                      |                              |               |              |  |
| SCH     | DULE 1B: SUP                     | PORT COSTS                           |                              |               |              |  |
|         | E_ITEMS                          |                                      |                              |               |              |  |
|         | Rent<br>Maintenance              | service                              |                              |               | \$           |  |
| 6.      | Telephone/tel                    | lecommunications                     |                              |               | \$           |  |
|         | Office mater:<br>Postage         | ial/supplies                         |                              |               | \$           |  |
| 9.      | Duplicating/                     |                                      |                              |               | \$           |  |
| 10.     | Books/period:                    | icals<br>miles @ \$ mil              | ۱۵)                          |               | \$           |  |
| 12.     | Mileage (                        | miles @ A mil                        | <u> </u>                     |               | \$           |  |
| 13.     | ATNED / TDENTTE                  | TIED ITEMS (Describe Ea              | <u></u>                      |               | \$           |  |
|         |                                  | ture/business equipmen               |                              |               | \$           |  |
|         |                                  |                                      |                              |               |              |  |
| 15.     | Travel                           |                                      |                              |               | \$           |  |
|         |                                  |                                      |                              |               |              |  |
| 16.     | TOTAL SUPPOR                     | T COSTS                              |                              |               | \$           |  |
| SCHI    | DULE 1C: CON                     | SULTANT COSTS (Describ               | e Each)                      |               |              |  |
|         | Accounting/a                     |                                      | •                            |               | \$           |  |
|         |                                  | l/engineering services               |                              |               | ÷            |  |
|         | Legal service                    |                                      |                              |               | ۲            |  |
|         |                                  |                                      |                              |               |              |  |
|         |                                  | sional services or cons              | sultants                     |               |              |  |
| 21.     | TOTAL CONSULT                    | TANT COSTS                           |                              |               | \$           |  |
| SCHI    | EDULE 1D: CAPI                   | TAL COSTS (Describe Ea               | ch)                          |               |              |  |
| 22      | Acquisition (                    | of land or structures                |                              |               | \$           |  |
|         | Capital Equip                    |                                      |                              |               |              |  |
|         |                                  |                                      |                              |               |              |  |
|         |                                  | or rehabilitation                    |                              |               |              |  |
| 25.     | TOTAL CAPITAL                    | L COSTS                              |                              |               | \$           |  |

#### INSTRUCTIONS FOR COMPLETION

### FORM 2: PROPOSED USE OF FUNDS

### SCHEDULE 1A:

All information reported on this schedule concerning staffing should <u>include only costs to</u> be charged to the County Community Development Block Grant.

Number of Positions (Cols. 1 and 2) - Indicate the number of positions by position title, and whether the position will be newly created (new) with the requested funds or whether the position exists now (existing) and will be funded with requested Community Development funds.

Position Title (Col. 3) - Use titles common to your organization.

Average Annual Salary (Col. 4) - Indicate what the <u>annual</u> salary for each position listed is, regardless of the duration of the proposed project.

Percent Effort (Col. 5) - Indicate the percentage of time during the program year that will be spent on this project by persons filling the positions listed. This percentage should relate only to the time that will be charged to County Community Development funding. Example - If the Executive Director of your organization will spend 10% of his or her time on this project, and the full 10% will be charged to County Community Development, then 10% should be entered in Col. 5. If the total number of persons in a single position title is more than one, then the percentage of effort should be the total for all persons with that position title. Example - If in Col. 2 you listed 2 persons filling the position of housing counselor, and each was to work on the project full time, then the proper entry in Col. 5 is 200%.

Cost to Project (Col. 6) - Multiply Col. 4, Average Annual Salary, by Col. 5, Percent Effort, to arrive at the total costs to the project for its one year period of operation.

Line 1 (Salaries) - This figure should be the total of costs reported in Cost to Project (Col. 6).

Line 2 (Fringe benefit costs) - This figure should include all normal fringe benefits paid by the employer on behalf of the employees, that are not otherwise included in the staff salary cost.

SCHEDULES 1B, 1C, and 1D:

Once again, all costs reported for items on these schedules should <u>include only those to be charged to the County Community Development Block Grant</u>. Questions about specific items listed in the schedules should be addressed to program staff.

### MILWAUKEE COUNTY COMMUNITY DEVELOPMENT

### BLOCK GRANT PROGRAM APPLICATION

### FORM 3: SCHEDULE OF PERFORMANCE

| APPLICATION TITLE:        |                 |            |
|---------------------------|-----------------|------------|
| APPLICATION SPONSOR:      |                 |            |
| ACTIVITY:                 |                 |            |
| IF CLIENTELE ORIENTED , . | ACTIVITY SERVES | PERSONS or |
|                           |                 | HOUSEHOLDS |

| ACTIVITY PHASES:                    | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | PROJECTED TOTAL<br>BENEFICIARIES |
|-------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------------------------|
| PREPARATION                         |     |     |     |     |     |     |     |     |     |     |     |     |                                  |
| IMPLEMENTATION                      |     |     |     |     |     |     |     |     |     |     |     |     |                                  |
| GRAND TOTAL PROJECTED BENEFICIARIES |     |     |     |     |     |     |     |     |     |     |     |     |                                  |

### INSTRUCTIONS FOR COMPLETION FORM 3: SCHEDULE OF PERFORMANCE

APPLICATION SPONSOR: From Page 1 of this Application

APPLICATION TITLE: From Page 1 of this Application

ACTIVITY: From Page 6, Item #11 of this Application.

For each activity listed in Item #11, fill out a separate FORM 3

according to the instructions below.

TYPE OF SCHEDULE:

- TIMELINE Activities which have a TIMELINE should project date ranges of activity

and/or non-client based activity goals. Date ranges are indicated by arrows across the appropriate months. Non-client goals are to be numerically designated. (Examples of non-client based goals would be 1) a number of workshops to be held during a year when the number of individual participants could not be determined, or 2) publication of a

periodic newsletter when a number of each issue is distributed).

- CLIENTELE Activities which are based on CLIENTELE served should project the number

of clients to be served during each month of the program year. Clients should not be counted more than once if they are to receive service on a

continuing basis throughout the program year.

Activities which have both TIMELINE and CLIENTELE aspects to them are hybrids of the above descriptions. Each phase of such an activity should be filled out according to whether it is TIMELINE oriented or CLIENTELE

oriented.

IF CLIENTELE:

- PERSONS Indicate, by a check mark, if persons are served, or

- HOUSEHOLDS Indicate, by a check mark, if households are served.

ACTIVITY PHASES Use only the phases appropriate for the activity. Describe what will

take place in the left hand phase title box. DO NOT INCLUDE SCHEDULES FOR PHASES NOT PAID FOR WITH COUNTY CDBG FUNDS. Continuing activities

may need only the IMPLEMENTATION phase. Examples:

PREPARATION May include design and work plan preparation, surveys, or client

identification.

IMPLEMENTATION May include bidding and contract awards, initial outreach, or equipment

purchasing, activity's principal accomplishment(s), and project

completion.

TOTAL For CLIENTELE activities, sum the total of the monthly

BENEFICIARIES projected clients in the far right hand column.

## MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION FORM 4: REVENUE PLAN

| ADDITIONAL SOURCES OF FUNDS FOR PROPOSED PROJECT  | APPLIED FOR     | SECURED           |
|---|-----------------|-------------------|
| Milwaukee County CDBG   | \$              | \$                |
| Other Milwaukee County Funds (Identify department)  | \$              | \$                |
| Other Federal Funds (Identify agency)   | \$              | \$                |
| State Funds (Identify agency)   | \$              | \$                |
| Local Government Funds (Identify specific source)   | \$              | \$                |
| Foundation Grants (Identify foundation(s))  | \$              | \$                |
| Other Revenue Sources   | \$              | \$                |
| 1.  | \$              | \$                |
| 2.  | \$              | \$                |
| 3.  | \$              | \$                |
| 4.  | \$              | \$                |
| 5.  | \$              | \$                |
|   | \$              | \$                |
| Total Project Budget  | \$              | \$                |
| SPONSOR'S PROJECTED FUNDING FOR  ENTIRE AGENCY, FROM ALL SOURCES  Milwaukee County CDBG (same as above) |                 | <u>2006</u><br>\$ |
| -   | <u> </u>        | \$                |
| Milwaukee County Funds (Identify)  Other Federal Funds (Identify economy)                               |                 | ٧                 |
| Other Federal Funds (Identify agency)  State Funds (Identify agency)                                    |                 | ۶                 |
| State Funds (Identify agency)  Local Government Funds (Identify specific source)                        |                 | ۵                 |
| Foundation Grant (Identify foundations)   |                 | ۶                 |
| Other Revenue Sources   | <u> </u>        | ۶                 |
| other Revenue Sources   | <u></u><br>\$\$ | ٧                 |
| 2.  | ٧               | <u></u>           |
|   | <del></del>     | ٧                 |
| 4   | \$ <u></u>      |                   |
| 5   | ٠               |                   |
|   | ¥ <u></u>       | \$                |
| Total Agency F  | Budget          | \$                |

## MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION FORM 5: SPONSOR PROFILE

| NAME:              |                           |                                       | _   |
|--------------------|---------------------------|---------------------------------------|---|
| MAILING ADDRESS:   |                           |                                       |   |
|                    |                           |                                       |   |
|                    |                           |                                       |   |
| CHECK IF:          | NON-PROFIT ORGANIZATION   |                                       |   |
|                    | FOR-PROFIT ORGANIZATION   |                                       |   |
| DATE OF INCORPORAT | ION, IF INCORPORATED:     |                                       |   |
| PRINCIPAL OFFICES  | LOCATED AT:               |                                       |   |
|                    |                           |                                       |   |
| CHECK IF:          |                           |                                       |   |
|                    | PRINCIPAL OFFICES ARE OWN | ED                                    |   |
|                    | EXEMPT FROM PROPERTY TAXE | S                                     |   |
|                    | PRINCIPAL OFFICES ARE LEA |                                       |   |
|                    | (Identify the building ow | ner by name and address):             |   |
| FINANCIAL ACCOUNT: | financial accounting (in  | CCOUNTS: -house or contracted); how o | ften independent                                  |
| audits are conduct | ed):                      |                                       |   |
| SPONSOR'S TOTAL EN | PLOYEES:                  |                                       |   |
| MANAGERIAL/PR      | DFESSIONAL                |                                       |   |
| CLERICAL/OFFI      |                           |                                       |   |
| TASK EMPLOYEE      |                           |                                       |   |
| EXECUTIVE DIRECTOR | 'S NAME:                  |                                       |   |
| IN THIS POSITION S | INCE:                     |                                       |   |
|                    |                           |                                       |   |
| SPONSOR'S INTERNAL | REVENUE SERVICE EMPLOYEE  | IDENTIFICATION NUMBER:                |   |
|                    |                           |                                       | <u> 39 –                                     </u> |

### MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION FORM 6. CERTIFICATIONS

FORM 6: CERTIFICATIONS (Submit one copy with original signatures)

| Γ.   |   |
|------|---|
| -,_  | (chief elected officer of Board of Directors) (title)   |
| of   |   |
|      | (organization)  |
| do l | hereby attest to and certify the following:   |
| 1.   | The Application described in this document has been considered by the Board of Directors of this organization, and the Board, in a meeting of its quorum on, authorized, by a majority vote, the submission of this Application to the Milwaukee County Community Development Block Grant Program.  |
| 2.   | The Board of Directors has authorized this organization to accept any funds granted by the County for this Application, and to implement the purposes of this Application it is herein described.   |
| 3.   | The Board of Directors has been informed of, and recognizes that this Application shall be operated in accordance with, all relevant Federal, State, County and municipal legislation, codes, ordinances, or other controlling regulations, and furthermore, the Board recognizes and accepts whatever directions the County makes to ensure compliance with these.   |
| 4.   | The Board of Directors of this organization has considered and recognizes that the primary objective of the Community Development Block Grant Program is the development of viable urban communities, by providing decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low- and moderate-income. The Board of Directors shall ensure that this Application, if accepted, shall be implemented consistent with this objective. |
| 5.   | This organization has the administrative capacity, financial accounting capability, and legal authority to carry out the Application.   |
|      |   |
|      | Signed<br>Name  |
|      |   |
|      | Date  |
|      |   |
| ACKI | NOWLEDGMENT   |
| STA  | TE OF WISCONSIN ) ) ssCounty )  |
| Per  | sonally came before me this day of, 20, the above named to me known to be the person who executed   |
| the  | foregoing instrument and acknowledge the same.  |
|      | Notary PublicCounty, WI My commission is permanent. (If not: Expiration date:, 20   |

## MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION FORM 7: SUBMISSIONS

Sponsors other than agencies of Milwaukee County or other offices of government <u>MUST SUBMIT</u> THE FOLLOWING WITH THIS APPLICATION:

- 1. One copy of the Sponsor's current Articles of Incorporation and By-Laws (If your organization has submitted these to <u>Milwaukee County</u> Community Development Program in a previous year, and they have not changed, it is not necessary to resubmit them at this time).
- 2. A list of the current Board of Directors including name, address, and identification of officers.
- 3. One copy of the Sponsor's most recent audited financial statement.

Sponsors seeking advances may be required to obtain a fidelity bond, for at least 1/4 of the value of the awarded amount, covering employee misuse, theft, disappearance, conversion, or destruction of funds. Advances shall be documented and retired within six months of their receipt.